

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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41						
42						
43						
44			/			
45				/		
46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.	/					
TOTAL DEP.		←	←	←		
TOTAL CLAIMS	1					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52			/			
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59			/			
60					/	
61					/	
62					/	
63					/	
64					/	
65					/	
66					/	
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68					/	
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96						
97						
98						
99						
100						
TOTAL IND.					71	
TOTAL DEP.					5	
TOTAL CLAIMS					36	